STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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Oakland, Maryland

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Durst Funeral Home

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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1.5EX		4	RACE		5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1		IF UNDER	
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	THPLACE (STATE OR	FOREIGN 7	CITIZEN OF W	VHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEAT	Н	4.	
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10 CIT	Y OR TOWN OF D		LIE NOT IN SUCH	FACILITY GIVE STO	PEFT ADDRESS)	ROTHER INSTITUTION	17a USUAL OCCUPAT				BUSINE	SSOR
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4 FAI	Goddard	MI	IDDLE	Doerr		IS MOTHER'S MAIDEN NA FIRST Etta	WE		Mil	ler		
6a W	AS DECEASED EVE			166 SOCIAL SE		17 INFORMANT	Star Rou	te, B	ox 30			
(YE	NO NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	217-07	-7955	Evelyn Doern			-	20		
	PART I. DEATH 1629 Conditions, if on	IMMEDIATE	DUE TO, PR	AS A CONSECUTION OF MINISTER	DUENCE OF	- Chang	· · · · · · · · · · · · · · · · · · ·		1	180	r.	
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Grantsville, Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic ev

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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
	CEASED NAME FIRST		MIDDLE	ı	IAS1	20 DATE OF DEATH		AY YEAR	26 HOUR
(I I I I	Edward	F	rancis	D	URST	June 24,	1982		1010A M
1. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Wh	nite	July	10, 1914 YEAR	67	YRS "	ONTHS DAYS	HOURS MIN.
7a. bi	ITHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	West Virginia	USA		WIDOWE		Garrett			MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND C	F BUSINESS OR
	Oakland	Garrett	county	Memor	ial Hospital	Bus Drive		D.C.	Transit
13a. S	STATE 130 COUR	other institution oty Garnt	130 CITY OR TOW Bayard		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS P.O. BO	x 279		
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
	Frank Mar		Durst		Ethel	France	S	Wil	liams
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			T T CALLED
	No	T WAR ON DATES;	566-03-	0544	Steven F. Du	rst. Bayard	. West	Virgi	nia
	R CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly one couse per	luge far (a), (b), and	d te ()	00				IMATE INTERVAL
		TE CAUSE (a)	arcino	4 0	Colon			mo	nllo
	1539		r as a conseque	NICEOE					
	Canditions, if any, which	10,0	R AS A CONSEQUE	NCE OF					
13	gave rise to immediate) (6)							
	cause (a), stating the underlying cause last	DUE TO, OI	R AS A CONSEQUE	NCE OF				100	
	DARY 2 OTHER SIGNIES AND	(c)							
Z	PART 2 OTHER SIGNIFICANT	LONDITIONS <u>CC</u>	DN KIBUTING TO L	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDII ION GIVE	N IN PART 116	0
CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS USED
IFIC							IN CERTIFY	ING CAUSES	OF DEATH?
SRI	21a. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURR	YES NO X		PT 1 OR PART 21	NO 🗌
7 1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR		LED LEWISH WHICHE OF HAIC	INT HOTELM TO PA	ATTORPANT2	
2	(IF EITHER NOTIFY MEDICAL EXAMINER			19	211 LOCATION				
MEC	NOT WHILE [(AT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
	AT WORK			Ann	1 02	Juno 3	7/	02	
	22a I certify that (I) (IXXIXX) saw the deceased alive an above, (I) (XXIXIX)	June 2	deceased fram_	Apr 82 or	1 19 82 and that in (my) (xvx) apinian of	to			that (I) (XX)ast
	276 SIGNATURE	X view the body	atter death.		DEGREE_		_	22c DATE	
	4st /n/	No		V		MEDICAL STA	FF.	1/2	14-62
	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	CIAN	10. 6	780
	C. William	Fedde,	MD		311 N. Fourt	h St., Oakl	and. M	ld. 21	550
23a B	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION	, ,		
(burial	6/27/			Cemetery	Bayard,	Grapt	West	rainia
24 FL	JNERAL DIRECTOR	, -/-/		<u>.,, ., ., ., ., ., ., ., ., ., ., ., ., </u>	250. DATI	E REC'D BY REGISTRAR	25b GISTR	A CAMMAT	URE
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Oakland, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA

HYGIENE

	FOR STATE REGIS	E STRAR			DEPARTA		EALTH AND MENTAL HYG		REG. NO.		5 /	6	5
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5	13a STATE	Md.	136 COUN Garr	1TY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Oakland	N	134. INSIDE CITY LIMITS? YES 🙀 NO 🗌	13#. STREET ADD 125 N	RESS • Seco	nd S	treet		
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	16e WAS DE	CEASED EVER		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADDRESS	COIL	JIE COL	1	
1	NO NO	OR UNKNOWN]	(IF YES, GIVI	WAR OR DATES	219-46-1	924	Mrs. Helen	H. Kahl	sam	e as	13		
	IS CA	USE OF DEAT	AS CAUSE	ly ane cause per D BY: 'E CAUSE (a)	r line far (a), (b), and	SZV	die Fo	Ine			APPROXI BETWEEN	MATE INTE	RVAL DEATH
	gave cause under	ditions, if any, rise to imme (a), static rlying cause	mediate ng the last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	Almat DISEASE OF	R CONDITIO	n GIVEN	IN PART 110		
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				tal) attended th	e deceased fram	•	nd that in (my) (aur) apinion	, to death occurred ar	the date an	19_ d hour an		that (I) (, ,
		IGNATURE	-12	~			DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR 1	STAFF PHYSICIAN [22c DATE	SIGNED)
	22d PH	HYSICIAN'S N	AME (TYPE O	PRINT)			22e ADDRESS	. 97.71					
				hnson, l			Fourth St.		nd, Ma	rylar	nd 2]	L550	
	(SPECIFY)	CREMATION, Buria		236. DATE 6/10/			emetery or crematory d Cemetery	23d. LOCATIO CITY OR TOV Oak las	nd	cou Garre	ett	Mary	ylanc
	24 FUNERAL NAME		Kut	ent Y4	. Dhochelore	1		E REC'D. BY REGIS	1 27	EGISTRAR	SIGNAT	URE	
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Oakland, Maryland

STATE OF MARYLAND

FOR

Durst Funeral Home

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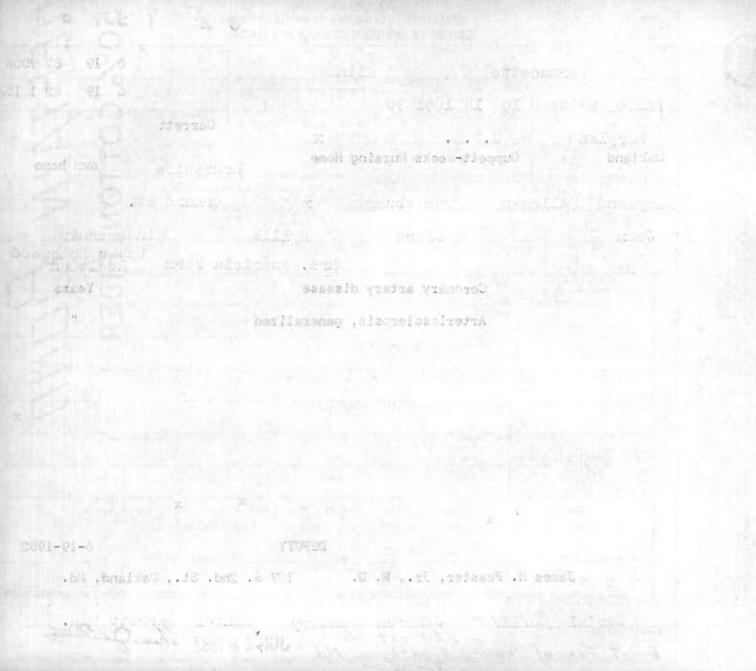
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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PART I DEATH WAS CAUSE	D BY:	conary arte	ry di	sease					Ye	MA CONSET	AND DEATH
414 4 IMMEDIA	TE CAUSE (a)										
Conditions if any which	Ar	teriosclero	Sis.	generaliz	ed					11	
gave rise to immediate	(b)										
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ART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART T (a)						
90. DATE OF OPERATION	19b. COND	TION FOR WHICH OP	ERATION W	'AS PERFORMED?					20 /	AUTOPSY?	-
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NDERLYING OR			AK								
Id INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,									
WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC	5	TREET		CITY OR TOWN	٧	CC	YIMU		STATE
II WORK AT WORK					-X	-	W-1				
220. I certify that took charg	ge of the remains de	scribed abave, held on	Autap	sy . Inspec	tian	Inquiry	, and	l in my a	pinian		
death resulted from: Natur	ral causes	Accident .	Suicide 🔲	, Hamicide	Undete	ermined man	ner .				
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XAMINER'S NAME James	H. Feast	ter, Jr., N		107	s. 2r	d. St				id.	
XAMINER'S NAME James			. D.	ADDRESS		d. St				ld.	
XAMINER'S NAME James YPR OPPRINT) IAL CREMATION, REMOVAL 2	23b. DATE	23c. NAME OF C	. D.	ADDRESSR CREMATORY	23d. LC	nd. St	., Oak	land		id.	37.
XAMINER'S NAME James YPR OPPRINT) IAL CREMATION, REMOVAL 2	23b. DATE 6/22/82	Johnson	. D.	R CREMATORY	23d. LO City	CATION OR TOWN	Garr	land	d, M		TE .
XAMINER'S NAME James YPR OPPRINT) IAL CREMATION, REMOVAL 2 BURIAL	23b. DATE 6/22/82	23c. NAME OF C	emetery of Com	R CREMATORY	23d. LO City	nd. St	Garr	land	d, M		NTE .
	ATE GISTAR ASED NAME SPRINT) Berna 4 RACE ARCE ARCE ARCE ART C STATE OR GN COUNTRY) Maryland OR TOWN OF DEATH Kland RESIDENCE (IF IN NURSING HOWN TE JENST OHN CONTONNOWN) B CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. ART 2 OTHER SIGNIFICANT (ONDITIONS PRODUCTION TO EXTERNAL CAUSE WAS INDERLYING OR ONTRIBUTING CAUSE OF Id. INJURY OCCURRED WHILE AT WORK NOW HORE 220. I certify that look charge 220. I certify that look charge	ASED NAME REPRINT) Bernadette 4 RACE 5 DATE OF BIRTH MONTH DAY 10 11 11 NAME OF HO GRICOUNTRY) Maryland ORTOWN OF DEATH KLAND 11 NAME OF HO CRESIDENCE (IF IN NURSING HOW OR OTHER INSTITUTION GO THE STORM OF DEATH FIRST MIDDLE ONT 12 CONTON 13 CAUSE OF DEATH (Enter anly ane cause par line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise ta immediate cause (a) stating the under- lying cause last. 14 CONTRIBUTIONS (ONTRIBUTIONS TO DEATH 15 COND 16 EXTERNAL CAUSE WAS INDERLYING OR ONTRIBUTING CAUSE OF DEATH IN INJURY OCCURRED WHILE NOT WHILE AT WORK NOR TO WHILE AT WORK AT WORK 220. I certify that toak charge of the remains de	DEPARTMENT OF ATE ASED NAME (REALLY) Bernadette REPARNI) Bernadette S. DATE OF BIRTH MONTH DAY VEAR LAST BIRTH LAST BIRTH MONTH DAY VEAR LAST BIRTH LAST	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C ASED NAME REPRINT Bernadette Klix RACE J. DATE OF BIRTH MONTH DAY VEAR LAST BIRTHOAY) MONTH LO 11, 1891 90 YRS. HPLACE (STATE OR GRICOUNTRY) MARY LAND OR TOWN OF DEATH Kland III. NAME OF HOSPITAL, NURSING HOME, OR OTHER KLAST ON RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TE NB. COUNTY TIAND TE NB. COUNTY TIAND RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TE NB. COUNTY TIAND RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE NB. COUNTY TIAND RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE NB. 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ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the hospital or offending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicol exam

IMPORTANT: If them 21 is marked at them 18 shows any injury, or other traumatic event, the

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEKITI	ICATE OF DEATH	REG. NO).			
DECEASED NAME FIRST	WIDDLE	t.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR	
Thomas		LOVE		June 24, 19	982		8:55	A
SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 2	
Male	White	Mar.	15, 1903 YEAR	79	YRS.	NIHS! DATS	HOURS	MIN
. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	VIRY? B	NEVER MARRIED	9 BALTIMORE CITY OF		F DEATH		
Maryland	USA	WIDOWE		Garrett Co	unty,			M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		126 KIND C	F BUSINES	_
Oakland	Garrett Coun		ial Hospital	Miner	WORKING (IFE)	Coal	Minin	g
SUAL RESIDENCE (IF NURSING HOME O			134 INSIDE CITY LIMITS?	13e STREET ADDRESS				
aryland Garr		ndsville		Sawmill La	ine (P.O. B	ox 12	3)
FATHER'S NAME	MIDDLE LAS	ST	15. MOTHER'S MAIDEN NA	ME		LAS	T	
William	Love		Lillie	Mae			,	
WAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	P.O. BOX			634	
	W I 214-0	1-9764	Mina E. Love	, Friendsvil	lle, Mo	1. 21	.531	
18 CAUSE OF DEATH (Enter o	nly one couse per line for (a)	bi, and ice	^			BETWEEN	MATE INTERV	AI EATH
PART I. DEATH WAS CAUS	ED 8Y:	esnes	ton (l')	neax		Sen	0	
17160	Service of the servic	examples as	1	0				
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couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF						
underlying couse lost.	(c)							
PART OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COND	ITION GIVEN	IN PART I	0,	
190 DATE OF OPERATION	onicis							
190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		12
		1/2	Marine San	YES NO	YES		NO [' :
	216. TIME OF INJURY	H DAY YEAR	210 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)		
OR CONTRIBUTING CAUSE OF DE	A10	19	A 100 TO					
OR CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY		211 LOCATION	CITY OR TOW	/N	COUNTY	12	ATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY O	OFFICE, FARM, ETC)	SINEEL	CHYORION	14	COOKIT	31	415
22a.1 certify that (I) (this hosp	ntal) anended the deceased f	from 19	17 19	6 - 7	-9 19	SL	that (1) Lur	eric
sow the deceased alive as aboye, (1) [we) (did) (did)	6-23-82	19, on	d that in (my) tour) opinion	death occurred on the dat	te and hour a	and from the	couses stot	ed
72h SIGNANIN	/ // X		DEGREE	/	100	22c. DATE	SIGNED	_
Kon	MACE	Λ	ATTENDING	MEDICAL STAFF		6-	20	2
THYSICIAN'S NAME (TYPE	OR PRINT	-	122 ADDRESS] DIRECTOR PHISICI	AIN []	1 (0	7-	Y
George B. S	Stoltzfus, M.D		Box 67. Fr	ciendsville,	Md.	21531		
BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION				-
(SPECIFY) Burial	June27,1982	Steele	Cemetery	Friendsvi	Lla. G	arreti	Md.	.TE
MINERAL DIRECTOR 157			25g DAT	E RECD. 8Y 05 8 2 AR 2		O'S ABNYA!	UŔE	
V. June / Re	man Gran	tsville,	Md.	1 D 1305				

DHMH - 16 50M 1/81 (VRA 15, 4)

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LEASE ECTOR. FILES. HOURS	3 SE	X 14.0	IRF	NE 5. DATE OF B	M	To AGE (IN YEA		MAUZY DER 1 YR.	IF UNDER	041106	DEATH	MATED [HTMOM	DAY	19 YEAR	M
NY DELAY IS NETERARY PU VD 3 TO THE FURTHER DEED STAIN PAGE 5 NUD BE FILED, WHITIN 72 HO CORDS, 201 W. PRISON STR	-		nite	MONTH	DAY YEAR	LAST BIRTHDA	Y) MONTH		HOURS		RONOUN DEAD	ICED	6	2	82	2d HOUR 945A
EST /	7a. B	IRTHPLACE (STATE O		7b. CITIZEN C	21 1911 OF WHAT COU	NTRY?	P	ED NEV	/FR MARRI	IED 📆		ORE CITY	OR COUN	TY OF	DEATH	M
\$ 2		West Vir	ginia		S.A.		WIDOW	ED 🗆	DIVORC	ED 🗆		rett				MD
3/6	0.	akland		Cuppet	FHOSPITAL, NI Children	Nursi	ng Ho	er institut I ne	ION	FOR M	OST OF WORK	ATION (TY (ING LIFE)			ND OF BUS R INDUSTR	
	13a. S	AL RESIDENCE (IF IN TATE Tyland	MURSING HOME O MILE COUNT Alle	TY	13c. CIT	e BEFORE ADMISSION Y OR TOWN Itstone		13d. INSIDE CIT	TY LIMITS?	13e. STRE	ET ADDRES	SS				
511	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	N NAME	MI	DDLE			LAST	
1)[140.1	Saul WAS DECEASED EV	ED IN HE ANA	P]	Mauzy	NO	I7. INFORM	ertm	ude					Mallo	W
1	(1	ES, NO, OR UNKNOWN)		WAR OR DATES)		CIAL SECURITY				D		ADDRES	398	Nati	onal	Hwy
0	-	NO 18. CAUSE OF DE	ATH (Enter onl	ly one cause p	er line for (o), (b	3-22-28 o), and (c).)			G. I	neeve	S		LaVa	IA	PPROXIMATE	NIERVAL
VAL		PARTIDEATH		E CAUSE (a)_	Metasta									M	onths	AND DEATH
EMO		Canditions, i			Primary	locat	on,	rectu	m						11	
USED AS A BURIAL - IRANSII PERMII - PAGES JAND 28 OF HAALTH AND MENTAL HYGIENE, DIVISION OF MITAL RIAL, CREMATION, OR REMOVAL.		gove rise t couse (a) stat lying couse la	ng the under-	DUE TO	O, OR AS A CO	NSEQUENCE C	F									
NO.				(c)_												
KEWA	NO	PART 2 OTHER SIGNIFIC	Diabe	tes me	litus.	ATED TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PAI	RT 1 (a),				57		
7	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CC	ONDITION FOR	WHICH OPERA	ATION W	AS PERFORA	MED?			_		20.	AUTOPSY?	
Barren Barren	1100	21g. EXTERNAL CA	IISEWAS	21b TIA	ME OF INJURY		Iai. iic	NA 15 1 1 100 V	0.0000000						YES 🗌	NO X
3		UNDERLYING CONTRIBUTING	OR	HOUR	R A.M. MONTH	DAY YEAR	ZIC. HC	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	URY IN ITEM 18	BPART 1 OR PA	ART 2)		
201 PR	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	T WHILE WORK		ACE OF INJURY			TREET			CITY OR TOW	VN	cc	YTHUC		STATE
ND, ZT.			/	e af the remain	ns described ab	ave, held an	7 Autops	у 🔲 .	Inspection	X ,	Inquiry	X	ind in my a	pinian		
5		death resulted fr	lm: Natur	al causes	Accident	. (syl	ide .	Homici	ide .	Undete	rmined ma	nner .				
A.		ACTUAL SIGNATURE	Zu.	4	te	-	4.	DEF	UTY	,			DATE		2-198	2
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE. BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, O	-		. Tanan	U F.			M.	υ	05.0		CAL EXAM		SIGN			
A SEE		(TYPE OR PRINT)					/	ADDRESS_				, Oak	land,	Ma	rylan	d
₹ ₩	23a.B	URIAL, CREMATION				NAME OF CEM					CATION	. ~	COU	NTY	STA	TE .
	24 F	Burial UNERAL DIRECTOR		June 5		AOA D	Lows ecati	Cemet	Sa. DATA	FG D-BY	REGISTRAF	ne Al	Legar	JY M	ary La	na
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Lamen H. Feester, Jr., M. D. 107 S. 2nd. St., Ushland, Maryland

Hurriel June 5.1962 Old Follows Camelory Hilmistone Allowary Mary Land AGA Tear in St. Siloon-Werr to Paperal Service Camberland, G TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbanpapers Pages 1 and 2 should be filed within 72 MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical examiner must be matified at

should be detoched for use os the buriol-tronsit permit. Then please remove corbon pope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8	2 REG. NO	1 5	7	7 1
		CEASED NAME EORPRINT) Erne	est Henry	William	McCla	skey	20. DATE	OF DEATH MONTH		L982	26 HOUR 9 A.M.
	3 SE	X Male	4 RACE Whit	•	S. DATE O			N YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER 24 HRS HOURS MIN.
35		IRTHPLACE (STATE OR F	U.S	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED		ORE CITY OR CO		ATH	MD.
0	1	Kitzmiller	Stat	CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		AL OCCUPATION PRK FOR MOST OF WORK	(ING LIFE) 12b		BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSI	13 Garrett	13c KTESION	ller	13d. INSIDE CITY LIMITS	Sta	t address			
0	14. FA	Harry	MIDDLE	McClask	ey	15 MOTHER'S MAIDEN		WIDDIE	E	Betz	
	160 V	VAS DECEASED EVER (IN U.S. ARMED FORCES?	216 01	7322	Alice McC	laskey	ADDRESS Kitz	miller	, Ma	. 21538
		PART I. DEATH W.	DUE TO, which (b)_nediote g the DUE TO.	LALOMPER DRAS A CONSEQUE HEMOCHY DRAS A CONSEQUE	nsater ence of omat	. 0	ie, Herr	-t Failur	re	3 y 1	ATE INTERVAL
2	CERTIFICATION	Chronic Revision Date of Operat	121 Insuff	ciency		NOT RELATED TO THE T		TOPSY? 70b.	IF YES, WERE	FINDING	GS USED
7	MEDICAL CER	210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCC	CURRED (ENTER			PART 2)	
	WE	WHILE NOT WHI	ILE THOME S	TREET, FACTORY, OFFICE, F		STREET		CITY OF TOWN	COL	YINU	STATE
		sow the decease abave, (1) (we) (d	(this hospital) attended to d olive on	3 10	Dr. (nd that in (my) (our) opin	on death occur	red on the date one	d have and fr		nat (I) (we) last auses stated
		276. SIGNATURE	hurl		1	ATTENDINI PHYSICIAI	G MEDICA DIRECTO	L STAFF		6 DATES	IGNED /82
1		22d. PHYSICIAN'S NA	r CI	salm		311 N.	4 87	- Oak/2	end N	10	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Burial
74 FUNERAL DIRECTOR
NAME
David A. Burdock

23a BURIAL, CREMATION, REMOVAL

23b. DATE

1,1982

ADDRESS Kitzmiller.

National Cometery | 250 DATE REC'T JUL 7

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimere

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should be detacked for use as the burial-transit permit. Then plea-with the State Dept. of Health and Mental Hygiene prior to burial,

MPORTANT: If Item 21 is marked or Item 18 shares

FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLA	MENTAL HY	GIENE 8 2	10.	5 7	7 2
1. DECEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
На	rvey	Lei	roy	MELL	INGER		June 26	1982		7:05 am
3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Male		White			18, 18		83	YRS.	DATS	HOURS MIN.
O BIRTHPLACE (STATE COUNTRY) Marylane		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER /	MARRIED D	9 BALTIMORE CITY	OR COUNTY	OF DEATH	MD
Oakland		Garret	HOSPITAL, NURSING HEACHLITY, GIVE STREET L	G HOME C ADDRESS) Memor	OR OTHER INS		120 USUAL OCCUPATION OF TARMET			F BUSINESS OR
USUAL RESIDENCE (IF NU 13a. STATE Md.	13b COUN Garre	1TY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Swanton		134 INSIDE C	ITY LIMITS?	13e. STREET ADDRESS Rt. 2 F)A	78/7
14 FATHER'S NAME FIRST Peter 160 WAS DECEASED EVE (YES NO OR UNKNOWN)	Fr:	mIDDLE anklin MED FORCES? E WAR OR DATES)	Melline 166 SOCIAL SECU	RITY NO	I7 INFORMA		Amelia ADDE	RESS	olte	
NO 18 CAUSE OF DEAPART I. DEATH A A A A A A A A A A A A A A A A A A A	MAS CAUSE IMMEDIAT my, which mmediate ting the	D BY: E CAUSE (o) DUE TO, O	Inne for (o), (b), one R AS A CONSEQUE R AS A CONSEQUE	MCE OF	mary	Failu	Zimmerman veloy les		APPROXI	ATE INTERVAL INSET AND DEATH
190 DATE OF OPER	ATION INDERLYING CAUSE OF DEA	196 COND 196 COND 196 COND 196 COND 196 COND HOUR A.	ITION FOR WHICH	OPERATION	NOT RELATED	RMED	200 AUTOPSY? YES NO NOTICE OF INJURE OF INJUR	20b. IF YES, IN CERTIFY YES	, WERE FINDIN	IGS USED
OR CONTRIBUTING L		21e PLACE		19	21f LOCATIO)N				

21f LOCATION

(m) (our) opinion death occurred on the date and hour and from the couses stated

22c DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

CITY OR TOWN

(AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

22e ADDRESS Fourth St.

Oakland, Maryland

Burial

23b. DATE

Jared Zelman, M.D.

(1) this hospital) attended the deceased from

(did) did not) view the body ofter death

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Durst Funeral Home

22a. I certify that

27k SIGNATUR

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

DEGREE

73d LOCATION

CITY OF TOWN

(rural) Swanton Carrett

Oakland, Maryland

BY REGISTRAR

COUNTY

STATE

Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

18. Carratt Swanton x 1 at. 2 Box 180% Ester Franklin Dallingar Anna Anglia Nolta	*	Vano 26, 1982	TYPE T	2'Last 50	to.T	Safe.
Carrett County Memorial Hospital Ferent Fareing P. Carrett Swanton y av. 2 Box 1603 Fator Franklin Hellinger Bana Amolia Molta No 210-01-7659 Mtm. Wanda Mitmerran darm an 13		Table 1	18, 1899	Fob.	or Lot	Mole
Pater Franklin Mallingar Anna Amalia Molta So 219-01-7659 Mrs. Manda Nitwerman darm an 13 No. 219-01-7659 Mrs. Manda Nitwerman darm an 13 No. 219-01-7659 Mrs. Manda Nitwerman darm an 13		Carrette			A20	Marvland
Fater Franklin Malinger Suns Amala Nolta (20 (219-01-7659 Mrs. Wands Nismerran dams as 13	orline.	Pares	Ladimon Lai	County Memor	Jerret	final Med
219-01-7659 Wes. Manda Niimerenn dame na 13		At. 2 Box 280%		Svanton	anemma?	.54
	87	Ion Allena	hina	Hellinger	ni istoori	Feter
	nn 13	enen marresti	Men. Wands H	219-01-7659		ol
	bn	Colland, Marylm			d.M. maning	Jeres

898f , Af , 450 of inv TOP THE CONTRACT OF THE PARTY O ABU BRACTS. Paryland deriett Macdant is a it. 2, Non 101, Pinn Hatchery Pf. Route 2, Box 101 ho --- 212-38-5500 Joseth C. Hiller, Accident, Fd. 01520 sichiel without the A CHARLESTON OF VI

June 24, 1962 | Lear Creek Cambbery | Acabiant, Cambbt, Ill.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH

1 - STATE REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OF PRINT Kerth Haynes MULLENNEX June 01, 1982 11:45P 3 SEX 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male White October 13, 1915 66 BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Virginia U.S.A. Garrett Co. . WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Oakland. Garrett County Memorial Hospital Maintenance Sup. State Hospital SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Garrett Oakland Md. Route #1, Box 199 YES [] NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Arle Estes Mullennex Florida Kathryn Boggs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 1934-37 546-16-8690 Mrs. R. Elizabeth Mullennex, See #13 above 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and icl PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A SONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE sow the deceased alive on and that in (my) (you) opinion death accorred on the date and hour and from the causes stated 27h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 27e ADDRESS Dr. B. L. Grant Oakland, Md. 21550

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

00

24 FUNERAL DIRECTOR Oakland, Maryland 21550

6/4/82

Bayard Cemetery Bayard, Grant, West Virginia 250 DAJE

23d LOCATION

Bradley A. Stewart

23b. DATE

230. BURIAL CREMATION, REMOVAL

burial

	1.	STATE REGISTRAR			DEL		ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE		ASI	20. DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR
			hirley		lean		ugh	June :	27 198	2	3:00
1	1 SE	X	1	RACE		5. DATE (6 AGE (IN YEARS LAST BI		NINS DAYS	HOURS /
1	_	Female		White		Maj	24 1954	28	YRS		
26		RTHPLACE (STATE O	FOREIGN 76	. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY C	OF DEATH	
0	10.0	ITY OR TOWN OF DE	TATU I	L NAME OF	USA	WIDOW	DR OTHER INSTITUTION		Garrett		
65	C	akland		Garre	CHIFACILITY GIVES	cmeraa		(TYPE OF UNEX FOR MOST		INDUSTRY	OF BUSINESS
35	13a	AL RESIDENCE (IF NO	13b COUNTY Garre	THER INSTITUTION	GIVE RESIDENCE B	efore admission) OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			i (eL
	14. FA	THER'S NAME	ANI	DOLE	1451		15 MOTHER'S MAIDEN NA				1
10		Harold	740	DOLE	Paug	gh	Wanda	MIDDLE	Knudse	n	51
1	16a V	VAS DECEASED EVE		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR			
1	L.,	NO OR UNKNOWN)	(# 125, 0112)	TAN ON DATES	None		Harold Paugh	h Rt 1 Swa	anton,	Md.	
		18 CAUSE OF DEA	TH (Enter only	one couse pe	r. (h) for (o), (b)	, and (ti)			1987	BE WEN	XIMATE INTERVAL
		PART I. DEATH	IMMEDIATE		Phen	~			N SILE	10	22.
		1830		DUE TO G	AS A CONSE	OUENCE OF			,	1 6	7
		Conditions, if on	y, which	((b) () Won	ion le	rumome /	nelastal	u	m	mlhe
		gove rise to in	nmediote	DUETO	R AS A CONSE	OUENICE OF					
		underlying cous	se last.	(0)	A A CONSE	OOLINCEOI					
		PART 2 OTHER SIG	GNIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	N IN PART I	la
	CERTIFICATION										
a	CAT	19a DATE OF OPER	ATION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	NGS USED
1	TIE	100						YES NO	YES		NO [
Q		21a. ACCIDENT WAS U		21b. TIME C		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PAR	TORPART 2}	
	SAL	OR CONTRIBUTING			.M.	19					
	MEDICAL	21d. INJURY OCCU	RRED		OF INJURY		211. LOCATION	CITY OR TO	OWN	COUNTY	STATI
	2	AT WORK NOT V	ORK ORK	(A) HOME 31	REEL, PACTORY, OFF	ICE PARM ETC)	Since				37711
		220.1 certify that (l) (this hospital	l) attended ti	he deceased fro	om mc	, 1.9	to	. 19	·	that (I) (we)
	100	sow the decea	(did) (did not)	view the hads	ofter death	9, or	nd that in (my) (our) opinion	death occurred on the d	ote and hour c	and from the	couses state
		226 SIGNATURE	10	view the body	Orier death.		DEGREE			22c. DATE	SIGNED
		こんかり	tell	1			ATTENDING PHYSICIAN I	MEDICAL STA		6-	-78-
		224 PHYSICIAN'S	AME (TYPE OR P	PRINT)		-	22 ADDRESS	J DIRECTOR D THIS	- 1814		
1		C W Fe	dde				Oakland, h	V-1			
	23a. E	SURIAL, CREMATION		23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	30		
		specify)		60 30/	82		Cemetery	Swahten	Garr	COUNTY	Med STATE
1	-	JNERAL DIRECTOR		اردر ع				TE REC'D. BY RECUSTRAN			
		David A.	Rundank	K4+	zmiller	55 M/A	JUI	7 1982	pances	year!	auton
		- WATER 119 '	Dat KACV	MIG	TWITTTET	9 1'288			-		

STATE OF MARYLAND

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al amalum Buring buring Street Street Carner Carner Street

wylelw, maiweck fiewaillen, ma

2		FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	CIENE 8 2
e P	(P. 2.	1 DECEASED NAME FIRST (TYPE OR PRINT) Edward	WIGOTE	PLATTER	June 1.
ge 4 may	ector, poor	3 SEX Male	RACE White	5 DATE OF BIRTH MONTH DAY YEAR Mar. 13, 1897	6 AGE (IN YEARS LAST)
death. Po	meral dir	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MATYLAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED NORCED	9 BALTIMORE CITY Garrett
_	++ 0	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION	17a USUAL OCCUPA

ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)

2201 certify that (1) (this haspital) attended the deceased from.

above, (1) (we) (did) (did not) view the body after death

23b. DATE

CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if dny, which gove rise to immediate couse (o), stoting the

underlying couse lost

19a DATE OF OPERATION

21d INJURY OCCURRED

WHILE AT WORK

226. SIGNATURE

21g. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

M. Gonzaza

AT WORK

sow the deceased alive on.

Garrett

Grantsville

FIRST

Silas

(YES, NO OR UNKNOWN)

13a STATE

Maryland

No

4 FATHER'S NAME

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Goodwill Mennonite Home

13c. CITY OR TOWN

Platter

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

ADDRESS

19

21f LOCATION

22e ADDRESS

Cemeterv

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Grantsville, Md.

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

Grantsville

166 SOCIAL SECURITY NO

220-03-3806

YES [

NO MONTH 2b. HOUR 1982 BIRTHDAY) IF UNDER I YEAR DAYS HOURS OR COUNTY OF DEATH County. 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Store Keeper Grocery Store 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Route 2 NO X 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Metz Anna ADDRESSoute 2 17 INFORMANT Grantsville, Md. 21 Bittinger. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) 206. IF YES, WERE FINDINGS USED 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Frostburg, Md.

23d. LOCATION

CITY OF TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

COUNTY

to FUNERAL DIRECTOR: should be detached for us with the State Dept. of He + MPORTANT 23a. BURIAL, CREMATION, REMOVAL BP Buria" 24 FUNERALDIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

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per

burial-tr

CERTIFICATION

MEDICAL

a south dates	x				
number of Februaries	Lalla Serie	errar M	215000	attivis in	
Name of the second					

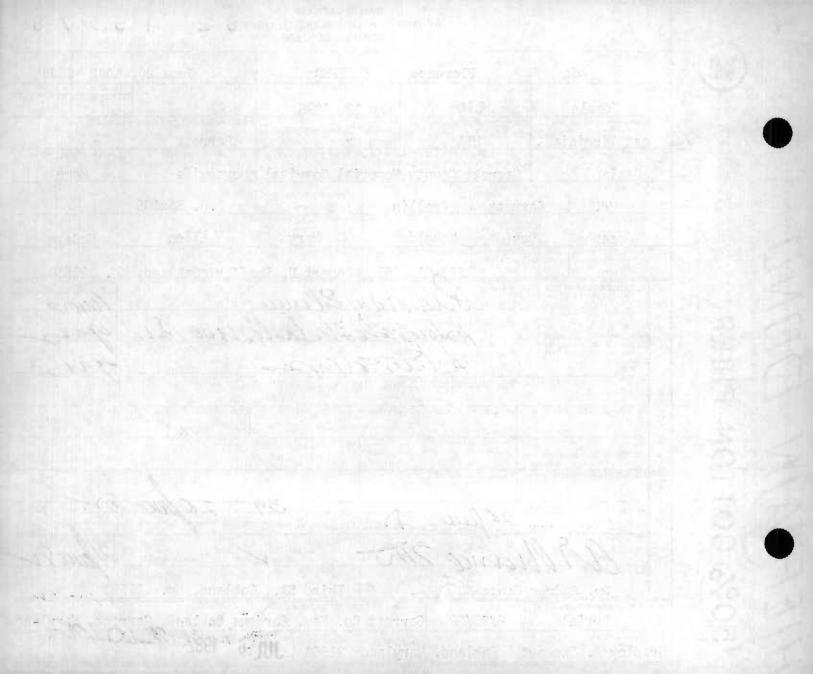
H	11.	FOR STATE			DEPARTMEN	IT OF HEAL		ENTAL H	0		5 7	7	1
,		REGISTRAR	E FIRST	ME	DICAL EXA	AMINER'S	CERTIFI	CATEO		REG. NO.			
600		ECEASED NAM	Vern	on g	regory	Ruy	pentha	rl	OI.	KNOWN FINE	6 '	7 ₁₉ 82	26 HOUR 9:30,1
2 2 2 2	3. SI	Male	White	5. DATE OF BIRTH		SE (IN YEARS IF	UNDER 1 YR.	HOURS 1	MIN. PRONOU DEA	NCED	40NTH 0	7 19 82	24 HOUR 1002F
FOR WITHIN PARTIES	70.	BIRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?		RRIED NE	VER MARRIE DIVORCE	D U	MORECITY OR C	COUNTY		MD.
PANE BY	5	Oakland	1	(DOA) G	SPITAL, NURSING ACRITY, GIVE STREET A	co. Mem.			Western	IPATION (TYPE OF REING LEE) UNLER	WORK 12b	KIND OF BU OR INDUSTR	SINESS Y
E, MD. 21201 ATH. IF ANY DI AND 3. FRANCH ND 2. SHOULD NITAL RECORD		STATE	HI OUN	TY	136. CITY OR T	OWN	13d INSIDE (CITY LIMITS?	13e STREET ADDR	ESS			
ORE, MD. DEATH. II. GES 1, 2, 2, 2M PM 3. I AND 2 S OF VITAL		FATHER'S NAMI FIRST Hen	THE CAL	MIDDLE Benton	Ruppent		15. MOTH	ER'S MAIDEN	V NAME Eliza	widdle	We	ber	
ALTIM AFTER SIVE PA SIVE PA AFGES VISION	3 160.	WAS DECEASE YES, NO, OR UNKNO	DEVER IN U.S. AR/ DWNI (IF YES, GIVE	MED FORCES? WAR OR DATES)	705-14	ECURITY NO.	Mrs.		on (Opal,	Ruppen	thal,	Corin	th,
A HOURS THOURS SNG WILL FERMIT. F IENE, DIN		18. CAUSE C	OF DEATH (Enter on EATH WAS CAUSED IMMEDIA	N BV	e for (o), (b), and Coronary		disea	se		WV 267	13	APPROXIMATE BETWEEN ONSET Years	
W. PRESTON ST WITHIN 24 HOL BENCIL IN ITEM II MINES ALONG TRANSIS TERMI NIAL HYGIENE, OR REMOVAL.			ns, if any, which se to immediate		Arterios		ls, gen	nerali	zed	133		11	
CUTED W. IN PEN EXAMINE RIAL - TR ID MENI		couse (a lying cas) stating the <u>under</u> - use lost.	DUE TO, OI	R AS A CONSEO	JENCE OF							
L RECORDS, ULD BE EXECT ULD BE EXECT "PENDING"	NO		GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DIS	ASE OR CONDITIO	ON GIVEN IN PART	[] (0).				
SHOULD SHOULD ORD "PE CHIEF A T OF HED A	CERTIFICATION	19a. DATE OF	OPERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFOR	RMED?			21	D AUTOPSY?	NO (2)
DIVISION OF VITAL S CRETIFICATE SHOU RITING THE WORD." RDED TO THE CHIEF RDED TO THE			AL CAUSE WAS OR NG CAUSE OF 1		M. MONTH DAY	YEAR	HOW INJURY	OCCURRED	(ENTER NATURE OF I	JURY IN ITEM 18 PART	1 OR PART 2]		
DIVISION OF VITAL RETAINED OF VITAL RETAINED THE WORD "PER NEWARDED TO THE CHIEF AS PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEAD. 21/201 PRIOR TO BURBAL, C.	MEDICAL	21d. INJURY C	NOT WHILE C		OF INJURY (AT CTORY, FARM, ETC.)	HOME, 21f.	STREET		CITY OR TO	OWN	COUNTY		STATE
MAN AND HELD		death result	fythat I took charg	ral causes .	Accident	Aut Suicide [apsy . Homi	Inspection icide ,	X, Inquiry		n my opinio	n	
TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOUNDE AFTER DEATH, WITH BALTIMORE, MARY	1	ACTUAL SIGNATURE	1 Con	4				PUTY	MEDICAL EXA			-7-198	
TO ME EXECU PAGE TO FUI A FTER BALTIN	230	BURIAL CREMA	NAME James	3b DATE	23c. NAME	OF CEMETERY	OR CREMAT	ORY	2nd. S		COUNTY		
BP	14	urial	100	6-10-82	Done	Alta (emeter		Jerra 1	ALta, Pr	esten RAR'S SIGN	, WV	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	18	intw !	. While	have	nna Alte	WV	6764	M	N 1 / 100	2/100	10"	Allan.	

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	FOR 3 - STATE REGISTRAR		DEPARTA	MENT OF H	ICATE OF	MENTAL HY	RE	G. NO.	5 /	7	8				
	1 DECEASED NAME FIRST		AST LIATION		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR										
	Ada 3 SEX	4. RACE	lorence	5. DATE C	HAFFER		June 20, 1982 1835 _M								
					13, 18	YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS BATS HOURS MIN.								
0	Female 70. BIRTHPLACE (STATE OR FOREIGN						9 BALTIMORE CITY OR COUNTY OF DEATH								
3	West Virginia	COUNTRY)				MARRIED .	Cannott								
7	10 CITY OR TOWN OF DEATH	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO.					120 USUAL OCCL	MD. NESS OR							
2	0ak1and	Oakland Garrett County M				spital	Housewi			Home					
2	136 STATE	ISE COUNTY					13d INSIDE CITY LIMITS? 130 STREET ADDRESS YES X NO P.O. BOX105								
	14 FATHER'S NAME	MIDDLE	UTCTT1		4.0	S MAIDEN N		DONLOG							
		The state of the s				ary	E	len	Md	McCabe					
		MED FORCES? IN	66 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADDRESS								
	No		213-01-5	657	Robert C. Shaffer, Oakland, Md. 2155										
	PART I DEATH WAS CAUSE IMMEDIAT Condition. If any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR A	urer.	NCE OF											
	THE	170 00110111	OI EKA NOI	T TT ASTERIT	JKMED	YES NO	IN CERT	IFYING CAUSI	WERE FINDINGS USED ING CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR	1 = 1	30.00	RRED (ENTER NATURE O	-0.11							
	ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	ARM ETC)	211 LOCATI	0N	citi	ON FORM	COUNTY		STATE					
	saw the deceased alive an	270. I certify that (I) (IXXXXXXI) attended the deceased from													
	22d PHYSICIAN'S NAME (14PLS	1 AM	e m	W	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS										
		Dr. Andrew Mance MD Third St., Oakland, Md.									21550				
	230 BURIAL CREMATION, REMOVAL (SPECIFY) burial	6/23/				CREMATORY		and Ga	COUNTY	Marous	Tand				
Bradley A. Stewart Oakland, Maryland 21550 JUL 6 1982															

DHMH - 16 50M 1/81 (VRA 15, 4)



	1	FOR STATE			D	EPART	MENT OF	HEALTH			HYGIEN	5 0		1 5	- /	7	0
17700		REGISTRAR			MED		EXAMIN	IER'S C	CERTIF	ICATE C	OF DEA	TH =	REG. N	vO.	, ,		
56		CEASED NAM	E FIRST		h	MIDDLE	4,1,10	1000	LAST	-		2a DATE OF	KNOWN ESTI-	MONTH			26 HOUR
			Laura	**		een		PEAR				DEATH	MATED		13	, 82	4:181
	3. SE)	(4. RACE	MONT		YEAR	6. AGE (IN YE LAST BIRTHD		DER 1 YR	HOURS		2c. DATE	JCED.	MONTH	DAY	YEAR	2d HOUR
1	-	male	White		2-09-1			RS.	DAIS	1100113	5300	DEAD		6			:18F
М		RTHPLACE (S	TATE OR	7b. CIT	IZEN OF WH	AT COUN	TRY?	I. MARR	IED X	EVER MARR	RIED 🔲		ORE CITY	_			
2	Pennsylvania			USA WIDOWED DINORCED Garrett Co										Cou	nty,		MD.
1	20.5	ITY OR TOWN			ME OF HOSP			E, OR OTH	IER INSTIT	UTION		AL OCCUI	PATION (T	YPE OF WORK	12b. KIN OR	ID OF BUS	INESS
9		akl and		(I	00A) G	arr	ett C		lem.	Hosp		mema			Owr	1 Ho	me
1		AL RESIDENCE TATE	(IF IN NURSING HOME O		NSTITUTION, GIVE		OR TOWN	ION)	113d. INSIDE	CITY LIMITS?	II3a STRE	EET ADDRE	SS			148	
2	Ma	ryland			;	Fri	endsv	ille			Gr	avel	Hil	1 Rd	. (I	2.0.	Box
	14. E/	ATHER'S NAM	E	MIDDLE			LAST		IS. MOT	HER'S MAID	ENNAME	M	IDDLE		L	AST	157)
2		Emerso				Fi	ce			rgin	ia	Fran	ces	S11	bang	rh	
	160. V		DEVER IN U.S. AR				TAL SECURIT	Y NO.	17. INFO	RMANT			ADDRES	P.C	. Bo	x 1	57
		No	-			217.	-76-0	422	Ter	ery E	. Sp	ear,	Fri	ends	vill	.0,	Md.
		18. CAUSE C	OF DEATH (Enter on												BETWI	PROXIMATE FEN ONSET	NTERVAL AND DEATH
		PARTI DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) Choriocarcinoma with metastases												mo			
					DUE TO, OR A	AS A CON	ISEQUENCE	OF									
		gove ri	ns, if ony, which se to immediate		(b)		EG.			Hill							
V	F	couse (o) stoting the <u>under</u> -) [DUE TO, OR A	AS A CON	ISEQUENCE	OF									
	1			((c)			11									
	7	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUT	IING 1D DEATH BU	UT NOT RELA	TED TO THE TERM	AINAL DISEASI	E DB CONDIT	IDN GIVEN IN PA	ART 1 (a).						
	101	In DATE OF	OPERATION		101 001 101	ONLEGE	4/11/01/05	ATIONIC	140 B=D=	DALERS	4						
7	L CERTIFICATION	190. DATE OF	OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								2D AL	JTOPSY?			
-		21a EVTERAL	AL CAUSE WAS		21b. TIME OF	INTEREST		Tax	01111111111					14		ES 🗆	NOT
		UNDERLYING	G DOR		HOUR A.M.		DAY YEA	R ZIC. HO	OW INJUR	RY OCCURRI	ED LENTER N	NATURE OF IN.	JURY IN ITEM I	B PART 1 OR I	PART 2)		
	MEDICAL	CONTRIBUTI	NG CAUSE OF		P.M.	E INTUINE	19	214 10	CATION							11.5	
	MED	21d INJURY O	NOT WHILE	7	21e PLACE O				CATION			CITY OR TO	WN	c	OUNTY		STATE
		AT WORK	ATWORK								W.		4				
		22a. I certi	ify that I took chorg	ge of the	remoins descr	ribed obo	ve, held on	7 Autop	sy .	Inspectio	on K,	Inquiry	X,	ond in my	opinion		
		death result	ed rom: Notu	rol couse	s X	Accident	□. / ×	sicide	, Hon	nicide .	Undete	ermined mo	onner 🗌	,			
		ACTUAL	1	1-			X			(SPECIFY)				618	,	71	2000
		SIGNATURE	Cofee	4	1-	have .	1	M	DEF	YTU	MEDI	CAL EXAM	AINER	DATE	NED_6-	14-	1982
1		EXAMINAD'S	NAMET	TT	77.	4	Т	M	13	107				001-	l owa) M.	2
-	-		NAMEJ ame s	_			Jr.						οt.,	Uak	Tano	الألا وا	u.
	23a.B	URIAL, CREMA	TION, REMOVAL			23c h	Stee	METERY O	R CREMA	TORY	23d. LO	CATION		co	UNTY	STA	TE
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